

FACULTY EVALUATION FORM
2021-2022 NHS CANDIDATE

CANDIDATE NAME: _____ CLASSIFICATION: _____ CURRENT GRADE: _____
 TEACHER NAME: _____ CLASS: _____

Rank each category from 1-4, one being the lowest and four being the highest rating. **PLEASE DO NOT FORGET TO MAKE COMMENTS ON ANY "1" OR "2" RATINGS.**

CRITERIA	RANK (1-4)	COMMENTS
Service		
Character		
Leadership		
<u>TOTAL SCORE</u>	<u>(3-12)</u>	<u>OVERALL ASSESSMENT OF STUDENT</u>

PLEASE SIGN AND RETURN THIS FORM TO MR. Munoz (JEFF: 223) BY Friday, 10/29/21 BEFORE 2:15 PM. IF YOU CHOOSE TO EMAIL THE COMPLETED FORM TO mamunoz1@episd.org, RECEIPT FROM YOUR EPISD EMAIL ACCOUNT WILL SUFFICE FOR YOUR SIGNATURE. THANK YOU FOR YOUR INPUT, TIME, AND CONTINUED DEDICATION TO NHS AND OUR STUDENTS.

I certify that the student indicated on this form is currently in my class.

TEACHER SIGNATURE _____ DATE _____

(Type in if emailing)